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New York

President: Mr. Kavan ..... (Czech Republic)

In the absence of the President, Mr. Nassir Abdulaziz Al-Nasser (Qatar), Vice-President, took the Chair.

The meeting was called to order at 3.10 p.m.

Agenda item 42 (*continued*)

Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS

Report of the Secretary-General (A/57/227, A/57/227/Corr.1)

Mr. Redai (Ethiopia): My delegation wishes to take this opportunity to express its profound appreciation to General Assembly President Kavan for the excellent manner in which he has been guiding our deliberations, and we are very confident that under his able stewardship the work of this session will reach a successful conclusion.

The Ethiopian delegation is very pleased to share with this body its observations on the report of the Secretary-General on progress towards implementation of the Declaration of Commitment on HIV/AIDS, an issue of crucial importance, not only to my country, but also to the world community at large.

We sincerely thank the Secretary-General for his comprehensive and informative report. We welcome the report, and we are in full agreement with many of his findings. In particular, we share the view that, while political commitment has contributed to a modest increase in resources, country-level activities remain limited for managing the epidemic. If HIV/AIDS-ravaged nations are to create a critical mass and mount a sustained effort to curb the disease, the need for capacity-building is more critical than ever. For this to happen, expertise has to be engaged, experience has to be shared and new and additional resources have to be mobilized.

We share the consensual view that the HIV/AIDS pandemic is not simply a health problem, but rather, a political, economic and social challenge. It is also a serious security threat. The epidemic is impacting individuals, families, nations and the world community at large.

My delegation wishes to seize this opportunity to express its appreciation to the crucial role that the Joint United Nations Programme on HIV/AIDS (UNAIDS) is playing in the fight against the HIV/AIDS pandemic. My delegation also commends the important contribution of the Global Fund to Fight Aids, Tuberculosis and Malaria and wishes to see cooperation, coordination and synergy between UNAIDS and the Global Fund, especially in the area of capacity-building.

AIDS continues to be the major preoccupation of countries in Africa south of the Sahara, including my country, Ethiopia. The pandemic is negatively impacting our population and economy and compromising development efforts. The gravity of the problem in the continent led to the 2001 Abuja

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Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, whose implementation has been accorded maximum attention in subsequent African forums.

Ethiopia is the country with the third largest number of people living with HIV/AIDS. Currently, 1 in every 11 Ethiopians lives with the virus. Thousands of children are orphaned, and the number of elderly people left without providers is on the rise. This is a source of great concern in a country like mine, where there is no established welfare system.

On the economic front, HIV/AIDS is undermining the country's unceasing efforts to eradicate poverty and to ensure food security and access to basic social services, such as clean water, primary health care and education. The socio-economic impact of HIV/AIDS has not yet been assessed. The massive loss of our youth not only limits our socio-economic development, but will also eventually lead to a total rupture of the social fabric of society, unless the pandemic is curbed.

For us in Ethiopia, the issue of reversing the spread of HIV/AIDS is a question of survival. Ethiopia is fully aware that addressing the scourge expeditiously and aggressively is crucial; otherwise, the future cost of development will be extremely high. Certainly, a quick shift in priorities will be increasingly difficult, if not impossible, since resources are limited, health facilities are inadequate and the costs of raising public awareness, as well as education and treatment, are high.

My Government is taking concrete measures to combat this scourge. An HIV/AIDS policy has been adopted. A National HIV/AIDS Prevention and Control Council, chaired by the President of the country, has been set up, and the same idea has been followed in the various administrative structures. Furthermore, several ministries have formed and designated HIV/AIDS task forces and focal persons.

A five-year plan is being put in place. Numerous policy directives and guidelines to advise HIV/AIDS patients are being issued. Funds for the anti-HIV/AIDS campaign are being allocated. The media, religious institutions and non-governmental organizations (NGOs) are playing vital roles in raising public awareness about the epidemic, as well as in rendering counselling services to victims of the disease. Another area of focus in the fight against the epidemic is to encourage voluntary testing.

Despite these efforts, a lot remains to be done. Lack of capacity remains one of the major obstacles. In this respect, we would like to thank the United States Agency for International Development (USAID), the Government of Norway, the United Nations Children's Fund (UNICEF), the World Bank and others for the support they have rendered in building the capacity of the regional AIDS council secretariats and its implementing partners in HIV/AIDS prevention programmes for youth, as well as in mobilizing resources for the health sector.

However, this global crisis calls for further global involvement in the search for a solution. It cannot be tackled by nations individually. It is the considered view of my delegation that national HIV/AIDS control efforts must be complemented with meaningful support from the international community, international financial institutions, civil society, the business community and the private sector.

Before closing, my delegation wishes to draw the attention of the international community to the looming famine in our country, which is compounding the impact of the scourge. This is imperative, as income is too meagre for basic needs, let alone for access to antiretroviral medicine.

Therefore, while my delegation is appreciative of the immediate relief assistance to the drought victims, we are fully convinced that lasting solutions can be achieved only by tackling the root causes of poverty through the translation of international and national commitments from vision to action.

Mr. Dube (Botswana): My delegation joins this debate with the hope that, in addition to reviewing progress that we have made so far, we will take time to reflect on the obstacles that we have encountered, then map out a new strategy for the implementation of the political commitment that we undertook in the Declaration of Commitment on HIV/AIDS.

Botswana welcomes the report of the Secretary-General on progress in the implementation of the Declaration of Commitment on HIV/AIDS (A/57/227 and Corr.1). We would like to take this opportunity to commend the Secretary-General for his comprehensive and concise report.

While we may be pleased with reports of increased commitment and determination by world leaders to be at the forefront in the fight against this pandemic, we are the first to admit that a lot still needs to be done before we see a meaningful change in our collective efforts to control the disease. The Secretary-General has correctly observed in his report that this epidemic will not be halted without a substantial strengthening of the response by the international community.

In the Declaration of Commitment on HIV/AIDS, we undertook that by 2003, Member States would establish national targets to reduce by 25 per cent HIV prevalence among young men and women in the 15 to 24 age group in the most affected countries by the year 2005. As we approach the end of the first year since the special session, it is doubtful that those targets will be fully established and begin to be operational during 2003.

The statistics from the Joint United Nations Programme on HIV/AIDS (UNAIDS) make sombre reading as we review our targets. They indicate that only 20 per cent of the world's population that is already infected or at risk of infection have access to HIV/AIDS treatment. Those stark figures are a clear indication of the struggle ahead if the international community is to make a difference in the fight against HIV/AIDS.

Botswana remains one of the countries most affected by this disease. Current estimates indicate that 38 per cent of pregnant women, aged between 15 and 49 years, and 27 per cent of men and women in the same age group, are infected with the virus. Overall, we estimate that 330,000 people out of a population of 1.7 million live with HIV.

HIV/AIDS is the most serious challenge facing our country today. Indeed, it will become a threat to our very existence as a nation unless drastic action is taken immediately. We have decided as a country to accord the highest priority to a programme of education, prevention, care, support and treatment of people suffering from HIV/AIDS.

As a first step, Botswana has established a multisectoral National Aids Council (NAC), chaired by the President. Members of the NAC are drawn from all sectors of society: Members of Parliament, the public service, the private sector, non-governmental organizations, trade unions and religious organizations. Its mandate is to manage, coordinate and implement a national response to HIV/AIDS.

The NAC has already developed a national strategic framework that will guide the planning and implementation of programmes for HIV/AIDS prevention and treatment, care and support programmes and strategies designed to influence behaviour change at the national, district and community levels.

Botswana has now embarked on its third medium-term plan, which will focus on prevention, treatment and intervention programmes. The prevention strategy now under implementation covers the following areas.

The programme on the prevention of mother-to-child transmission came into effect in 1999. Today, Botswana provides full treatment to all pregnant mothers who have tested positive for HIV and who are willing to be treated. The uptake, unfortunately, has been rather slow, due largely to the stigma attached to people with HIV/AIDS. Official estimates, however, indicate that 40 per cent of babies born of HIV-positive mothers who were treated have been protected from HIV infection.

The Government has now embarked on an intensive education campaign to encourage partners and relatives of infected women to be more supportive of them. In this campaign, non-governmental organizations are also playing a very supportive role.

Condoms, including the female condom, are being provided free. A system of distribution has been set up, with support from the African Comprehensive HIV/AIDS Partnerships (ACHAP), through centres or dispensers in public areas such as shopping malls, in schools and in offices.

A youth education programme was recently launched in collaboration with the Ministry of Education. ACHAP is providing funds to procure computers, videos and other audio-visual materials, which will be distributed to schools. Programmes targeting youth will also be broadcast on national television. In that context, we are pleased to report that we have signed an agreement with Brazil for the provision of technical assistance in the dissemination of those youth programmes through radio and television.

Currently, the Total Community Mobilization programme has reached 900,000 people in towns and

villages across the country. It is expected that within two years, every town and village will have its own community-based HIV/AIDS prevention programme.

Lastly, the prevention campaign is mounting a public education campaign through the media, billboards and drama. Those activities have become a very popular form of entertainment and learning, but with very serious content.

With regard to treatment, Botswana has now embarked on full antiretroviral therapy at public hospitals for all patients who opt for the treatment. The programme is relatively new and, in its first two years, has not yet reached the target population of 19,000. Four centres have now been set up, and they are currently treating more than 2,000 patients, including children. The success rate has been good thus far, with 80 per cent of those who are receiving therapy showing remarkable improvement. One hundred deaths have been recorded among those on full antiretroviral treatment.

The Government is running a successful community home-based care programme in close collaboration with certain non-governmental organizations. That programme is very effective, as it enables the sick — who otherwise would have been crowded into hospitals — to be cared for by their families at home.

As part of the national effort to determine the total number of people affected by the disease, Botswana has set up 14 voluntary testing centres around the country. They are being run and financed in collaboration with the Centers for Disease Control and Prevention of the United States. The results from the testing centres also help us determine the kind of treatment that should be recommended for each patient.

In collaboration with the Harvard AIDS Institute, Botswana has built a laboratory — which we believe is the first of its kind in sub-Saharan Africa — to develop a vaccine for the sub-type C virus, which is peculiar to our part of the world. Vaccine trials are due to commence later this year.

The HIV/AIDS pandemic has had a devastating impact on our children. For the first time in our history, Botswana must deal with a growing population of orphaned children and children of parents who are so weakened by the disease as to be unable to look after them. To meet those challenges, we have now set up an orphan care programme. A number of orphans are looked after by relatives. For those children, Government provides free food, clothing, medical treatment and education. A small number of orphanages are being operated by non-governmental organizations and by churches. The Government is now supporting them with subsidies to meet some of their operational costs, which are rising as more children are brought in. Plans are now in an advanced stage to build a Children's Centre of Excellence, which will treat all diseases affecting children, especially those associated with HIV/AIDS. The Centre is being set up in collaboration with the Baylor College of Medicine in the United States.

The task that we have set for ourselves is enormous and expensive. We have been fortunate to have established partnerships with other organizations and with pharmaceutical companies to help us tackle the pandemic. They include the Harvard AIDS Institute, the Bill & Melinda Gates Foundation, Pfizer, Merck, Bristol-Myers Squibb and, of course, ACHAP.

The magnitude of the effects of HIV/AIDS on the socio-economic development of Botswana has been devastating. The leadership and the people of Botswana, however, are determined to fight the pandemic using every means at their disposal. Our gratitude goes to the friendly Governments and donor-partners who have shared their resources and knowledge with Botswana.

In conclusion, I should like to reiterate the view already expressed by many speakers that the threat posed by HIV/AIDS to the lives of our people and to our socio-economic development — especially in developing countries — is real and will be costly. Let us therefore recommit ourselves to the objectives of the Declaration of Commitment of the special session if we are to secure the future of the generations to come.

Mr. Laurin (Canada): Canada would like to thank Secretary-General Kofi Annan for his stalwart leadership in focusing world attention on the global HIV/AIDS crisis. We also congratulate Dr. Peter Piot and his team on the leadership that the Joint United Nations Programme on HIV/AIDS (UNAIDS) has demonstrated in coordinating the work of United Nations institutions and specialized agencies on HIV/AIDS and in supporting national commitments, both in the context of the Declaration of Commitment of the General Assembly special session and elsewhere.

The Secretary-General's comprehensive report on progress towards implementation of the Declaration of Commitment on HIV/AIDS (A/57/227 and Corr.1) does not make for easy reading. Like the historic special session during which we adopted the Declaration of Commitment, the report highlights the fact that, in only 20 years, the HIV/AIDS pandemic has caused untold suffering and death worldwide, destroying entire communities, undoing development gains and posing a serious threat to whole continents, as is currently the case in Africa. The situation is growing worse in a number of ways.

But the report also serves to remind the world that there is hope. As Dr. Piot told us during his presentation two weeks ago, we already know what works. This epidemic can be turned around, and the tools that we need in order to do so are outlined in the Declaration. As the Secretary-General's report makes clear, a comprehensive attack must entail many elements. It must include strategies to protect especially vulnerable groups. Canada's domestic efforts have focused on men who have sex with men, on injection-drug users, on sex workers and on prisoners, among other groups. A comprehensive approach also includes prevention, care, treatment and support as integral elements of the same continuum. We are pleased to see that the report recognizes that effective HIV/AIDS strategies must be committed to respect for human rights, particularly those of women, men and children with HIV/AIDS, of their families and of caregivers. As the process leading to and beyond the special session has demonstrated, and as we all agreed in the Declaration of Commitment, the challenge of defeating this epidemic cannot be met without the full engagement of a wide number of disciplines and sectors, including civil society, non-governmental organizations and the private sector. We must bring renewed vigour to the fight to build greater political commitment behind a comprehensive attack on a scourge that is destroying communities and destabilizing entire regions.

Spoke in French

Canada takes its commitment to following up on the special session seriously. Last June we sent to the United Nations our first annual report on the implementation of the Declaration of Commitment, which was developed in consultation with stakeholders in Government and civil society. We intend to submit a second annual report next year, using a similar inclusive process to develop it. Canada's international development assistance, provided through the programmes of the Canadian International Development Agency (CIDA), will continue to work toward the achievement of the Millennium Development Goals and to meeting the commitments spelled out in the Declaration of Commitment.

For its part, CIDA will continue to focus on four social development priorities, namely basic education, child protection, health and nutrition, as well as HIV/AIDS, while at the same time strengthening our investments in rural development, including agriculture, water and the environment.

Canada is increasing its efforts against HIV/AIDS and will continue to work with developing countries and countries in transition to meet the goals and commitments of the Declaration. We strongly support the formation of partnerships between Governments and civil society to improve prevention efforts to strengthen care, treatment and support, and to promote and protect the rights of those infected by HIV/AIDS. This includes more diligent efforts to reach those most vulnerable, including women, youth and children, injection drug users, prisoners, displaced persons and persons affected by conflict, men who have sexual relations with men, and commercial sex workers.

We understand that some delegations have asked for more information regarding particular strategies recommended by the Joint United Nations Programme on HIV/AIDS (UNAIDS) in fighting HIV/AIDS among the most vulnerable groups. We encourage these delegations to engage with an open mind in dialogue with UNAIDS on the development and implementation of appropriate strategies to fight this epidemic. CIDA has committed to quadrupling its investment in the fight against HIV/AIDS, which will attain 80 million Canadian dollars by the year 2005. Canada also recently increased its annual funding to UNAIDS by 5 million Canadian dollars. As president of the G8 this year, Canada is pleased to have been able to focus the attention of this group on the issue of HIV/AIDS.

The G8 Africa Action Plan clearly identifies improving health and confronting HIV/AIDS as a key objective and includes specific commitments to tackle this challenge. The Global Fund to Fight AIDS, Tuberculosis and Malaria, first discussed at the Genoa G8 Summit and finalized shortly after the Kananaskis Summit, emerged as a result of the growing consensus

among world leaders regarding the magnitude of the threats posed by this health epidemic in the developing world. Canada is pleased to have played a key role in the Fund's foundation and has pledged $100 million over four years to the Fund. Additionally, at the Kananaskis Summit, Canada committed 50 million Canadian dollars to crucial research towards the development of an HIV vaccine.

We look forward to the ongoing review of the implementation of the Declaration of Commitment in the fall of 2003. As the Declaration calls for an interactive discussion on the Secretary-General's report in 2003, a thorough review of further progress in implementation will be critical, especially since 2003 is the year when the first set of targets comes due and it will be the first year when the indicators developed by UNAIDS will be monitored. Canada looks forward to engaging in this discussion as part of the General Assembly session, with the appropriate involvement of civil society.

Much remains to be done in following up the special session on HIV/AIDS. The report has described once again the scope of the challenges we all face. We pledge our cooperation with all concerned in seeking to meet them.

Mr. Alabi (Nigeria): My delegation would like to thank the Secretary-General for his useful report contained in document A/57/227, on agenda item 42, concerning "progress towards the implementation of the Declaration of Commitment on HIV/AIDS". We also wish to state that the adoption of the Declaration by the General Assembly in June 2001 is a confirmation of urgent global concern for the HIV/AIDS epidemic, whose prevalence rate and spread has become increasingly alarming. Wherever it exists, particularly in countries of sub-Saharan Africa, AIDS presents a huge and complex humanitarian crisis, with large-scale destabilizing effects on the economy, social cohesion, political stability and development.

My delegation wishes to observe that the HIV/AIDS scourge continues to defy all actions taken at both national and international levels to reverse its spread. Available statistical data by UNAIDS are quite staggering and dismal. For instance, they indicate that those currently living with the disease total 40 million, with a total of 3 million deaths in 2001, while the total number of children orphaned by AIDS and living at the end of the same year was put at 14 million. Similarly, the United Nations Development Programme (UNDP), in its 2001 Situation Assessment and Analysis, on Children's and Women's Rights in Nigeria, states that, as of 1999, 2.6 million Nigerians, aged 15 to 49, were infected. It further records that over the same period, the country had the fourth largest number of those infected in the developing world, after South Africa, India and Ethiopia. The epidemic is on the increase in Nigeria, though at a slower rate when compared to other countries in sub-Saharan Africa. Similarly, in the report of the Secretary-General, the point is made that the rates of infection among young people also continued to rise in Eastern Europe and Asia. Therefore, this confirms the Declaration's recognition of the epidemic as the single greatest threat to the well-being of future generations and would remain so unless countries give utmost priority attention to its implementation.

Permit me to state that Nigeria attaches great importance to the implementation of the Declaration. This is manifested in the measures put in place to accomplish time-bound targets on AIDS programmes in the country. Also, the Government, in order to achieve progress in efforts to combat the spread of the pandemic, established effective cooperation with friendly countries and the United Nations system, particularly UNAIDS, UNDP, the World Health Organization and the United Nations International Children's Fund, as well as with civil society, relevant non-governmental organizations and other stakeholders.

In recognition of its significant leadership role in the fight against HIV/AIDS, the Government has evolved coherent policies and initiatives to enhance efforts for the prevention of the spread of the disease, while at the same time averting new infections. The genuine commitment of the Government is demonstrated in the setting up of the National Action Committee on AIDS, headed by President Olusegun Obasanjo.

The Committee is charged with the responsibility of coordinating the national response and strategy of implementation of the Declaration. The Government has also put in place multisectoral strategies which include education and training of personnel, as well as the involvement of the media and communication experts in information dissemination in schools and workplaces. This approach has been quite useful in changing the attitude of denial of those who are

afflicted and has helped to make successful the UNAIDS-led campaign against the stigmatization and discrimination often suffered by people living with HIV/AIDS.

Furthermore, since those afflicted fear exclusion or attack, the Government has formulated appropriate policies and legislation to eliminate discrimination and to protect the basic rights of the afflicted to education, health care and job opportunities at all levels in the country.

Based on Nigeria's understanding of the nature of the disease as an economic as well as a health problem, the Nigerian Government continues to intensify efforts towards its effective management and control. For example, the National AIDS/STD Control Programme of the Ministry of Health conducts surveys, does research and produces data which make it possible to obtain a fairly clear picture of the nature, scope and spread of the epidemic. Also, to demonstrate its strong resolve to implement the Declaration, the Government approved voluntary free AIDS tests and professional counselling for all concerned.

Similarly, the National Action Committee on AIDS continues to encourage the active involvement of local communities, non-governmental organizations and other stakeholders in the promotion of all anti-HIV/AIDS activities. The national association for people living with HIV/AIDS, through its active participation in conferences, seminars and workshops, continues to prove quite resourceful in the context of the overall national response to combat the continued spread of the disease. Indeed, it must be stated that Nigeria is committed to taking a holistic approach to tackling the pandemic, including the provision of antiretroviral drugs to all HIV/AIDS sufferers and the use of appropriate educational strategies to enhance knowledge about its nature and prevention.

Consequently, it is our strong belief that for anti-HIV/AIDS efforts to be successful, they must transcend the national boundaries of all Member States. They must also involve concerted action on the part of Governments, intergovernmental agencies, non-governmental organizations, civil society, the United Nations system and the entire international community. This will require aggressive political will in order to strengthen commitments and to forge the partnerships necessary to build capacity and to enhance effective interventions through comprehensive programmes for prevention, care and treatment worldwide, particularly in Asia and Africa, which are the worst hit by the epidemic.

My delegation is therefore of the view that, unless existing obstacles are overcome, efforts to combat the scourge of HIV/AIDS in developing countries will remain elusive. Already there are prevailing sociocultural and attitudinal problems to overcome in most of sub-Saharan Africa, where both orthodox and traditional medical practitioners engage in unsafe practices. Clinics, hospitals and laboratories use unsterilized instruments for skin piercing and bloodletting. Tattooing, incisions, the draining of wounds and genital mutilations are among the procedures that are carried out without regard for equipment sterilization or safety procedures.

In addition, the problem of denial by those living with the disease still persists. The situation is compounded by inadequate technical assistance and resources for the training of personnel and the care of children orphaned or made vulnerable by the epidemic.

It is most unfortunate that Africa is severely constrained by a dearth of resources in its efforts to intensify the fight against the scourge. Part of the reason is that the level of official development assistance to developing countries is not only abysmally low but also discriminatory. This situation creates doubt as to whether Africa would receive priority consideration in the allocation of the resources of the Global Fund to Fight AIDS, Tuberculosis and Malaria to strengthen preventive measures and to mount an aggressive response to stem the spread of the disease.

To make matters worse, many of the world's leading pharmaceutical companies are more concerned with the protection of intellectual property and patent rights, while Africans are threatened with decimation by the lethal nexus of HIV/AIDS and other opportunistic diseases. Added to this is the crippling debt burden, which continues to deprive African countries of the resources needed to ameliorate the plight of those living with the pandemic.

At this juncture, I would like to reiterate my country's persistent call for the forgiveness of the external debts of African countries, the servicing of which continues to consume the scarce financial resources required for the funding of the basic socio-economic development needs and the infrastructure of

affected countries. Furthermore, in view of the apparent correlation between the extent of poverty and the spread of the HIV/AIDS epidemic in any given society, we cannot overemphasize the imperative of increased official development assistance and funding from the Global Fund, in support of the developing and least developed countries, in the procurement and the distribution of antiretroviral drugs to HIV/AIDS victims.

In conclusion, while Nigeria strongly believes in the United Nations as the only body that can provide meaningful global leadership in the fight against HIV/AIDS in a coordinated and coherent manner and without discrimination, it notes with regret that the impact of the comprehensive international effort to provide HIV/AIDS-centred assistance has hardly been felt in many parts of Africa. The slow and relative progress recorded so far in some African States can be traced largely to the personal and collective commitments of the continent's leaders. It is on this score that Nigeria appreciates the recommendation of the Secretary-General calling on the international community, especially the donor countries, significantly to increase their contributions to anti-HIV/AIDS efforts.

To this end, we consider it essential that a comprehensive review of the global assistance to and the strategy for Africa be carried out. Support should be given to genuine partnership that will coordinate existing efforts at the national and regional levels, with a view to complementing the laudable role of the United Nations system and other international approaches aimed at achieving the objectives of the Declaration of Commitment on HIV/AIDS in African countries. Nigeria welcomes meaningful cooperation with like-minded countries in this regard.

Mr. Belinga-Eboutou (Cameroon) (*spoke in French*): In a few moments, the General Assembly will have concluded its deliberations on the follow-up to the Declaration of Commitment on HIV/AIDS. The delegation of Cameroon, which has listened in silence to the statements made so far, is participating in this discussion with the depth of emotion and sense of gravity that the topic deserves. How could we not feel emotion, given the litany of disturbing figures and facts cited throughout this debate? Those facts and figures give a clear picture of the ravages of HIV/AIDS. They show the death that it sows in its wake and the degree which the disease has progressed. Despite everything we do, its progress seems inexorable.

My delegation is thus participating in this debate with great seriousness. What is at stake, in the final analysis, is the future of humanity — the future of our societies, the future of humankind. In short, what is threatened is the future of all of us.

The segments of the population that have been most affected by AIDS are precisely those that represent the future: children and adolescents, girls and women. The world of tomorrow will therefore depend on what we do today to combat AIDS. Now is the time to act. We must act quickly and immediately; tomorrow it will be too late.

In this regard, we support the recommendations contained in the Secretary-General's report (A/57/227). Among those recommendations, the delegation of Cameroon would like to single out five urgent measures that need to be taken. The delegation of Cameroon believes that they are urgent because they will be decisive for humankind.

First, we must understand the implications of the fact that AIDS is no longer a health problem, but a development problem. The fight against AIDS must therefore be included in all of our programmes and policies, alongside the campaigns against illiteracy, hunger and malnutrition. In order to build a world that is free from the haunting threat of AIDS, we must now begin to build a world free from poverty.

To that end, we must increase financial resources to fight AIDS — that is the second urgent measure that must be undertaken. The report of the Secretary-General is clear in this regard. The international community is not allocating sufficient resources to programmes to combat AIDS. Our response must be commensurate with the spread of the pandemic, which is developing three times more quickly than the resources to combat it. Official development assistance, which is continuing to decline, must be increased. That is the chief responsibility of those that have more resources.

Thirdly, we must ensure the active participation of civil society, in particular the non-governmental organizations. The fourth urgent measure is strengthening cooperation between international organizations, in particular with regard to prevention, the dissemination of information, education and

assistance. The fifth urgent measure is to intensify and coordinate efforts among partners — international organizations, non-governmental organizations and Governments.

Those are the urgent measures that Africa — the area worst affected by AIDS — expects the international community to take in support of its own efforts.

It should be recalled that, in this respect, Africa has acquired the necessary tools and framework for a fruitful partnership. That was the purpose of the Dakar Declaration and Programme of Action. It was the objective sought by African countries in establishing the African funds to combat AIDS. It was the purpose of the cooperative framework set up by the Organization of African Unity, the Joint United Nations Programme on HIV/AIDS, the World Health Organization and the United Nations Children's Fund. And finally, it was the object of the Abuja Declaration and Programme of Action on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases in Africa.

On the basis of that continent-wide dynamic, Cameroon launched, in 2000, a strategic plan to combat AIDS. Its implementation will require significant resources: about 137 thousand million CFA francs — about $197 million. We expect one fifth of the funding to be provided by the multi-country programmes to combat AIDS established by the World Bank.

We therefore reiterate our appeal for greater support from the international community in our efforts to combat AIDS. Cameroon's strategic plan sets out a framework for a true solidarity pact.

We welcome the commitment of civil society, working side by side with the public sector in the campaign against AIDS. There are currently about 100 non-governmental organizations that work with persons with AIDS, whether young people, women or children.

In two days' time, that commitment will be demonstrated with the convening, at Yaoundé, of an international meeting at the civil society level devoted to AIDS. As I said in this Hall on 20 September 2002, the first ladies of Africa will meet in Cameroon on 15 and 16 November 2002 to launch, with the help of renowned scientists and other eminent men and women of goodwill, a non-governmental organization called "African Synergies against AIDS and Other Afflictions".

The dual premise of the first ladies' approach will be, first, that having more money is not enough, the money must have the greatest possible impact; and, secondly, that in Africa and in the rest of the world that is working for Africa, there are many praiseworthy initiatives aimed at combating AIDS, but these initiatives are, unfortunately, such isolated and not linked together in a consistent or cohesive way. We must therefore bring such initiatives together. Whether they are local, national, regional or even global, they must be federated, so to speak, so that we can take maximum advantage of their synergy and results.

That is the message that will be sent from Yaoundé the day after tomorrow. It is a message aimed at African and global synergy in order to ensure that victory is certain in the fight against AIDS. Because what will determine the number of lives that we save is not the colossal amount of money spent, but the way in which such funds are spent — the effectiveness with which we target them.

AIDS is one of the most devastating threats that Africa has ever experienced. Specialists tell us that AIDS kills more people than malaria. Because of AIDS, the funeral industry unfortunately seems to be the most prosperous business in Africa today. It is for that reason that the fight against this scourge has been called a sacred crusade. The United Nations was established to save succeeding generations from the scourge of war. We must therefore organize ourselves today to wage and win a peaceful and sacred war against AIDS.

The words of an African poet came to my mind as I was preparing this statement. With the permission of the Assembly, I should like to read out the words of Mongane Wally Serote.

> "Remember the suffering of our hearts, the painful and lacerating pain we felt in listening to the convulsive sobs of our young children crying at their destiny. We listened to them and made them our own; we absorbed them. But we moved ahead, knowing that life is a promise and that that promise is us".

That promise is indeed us. We who are the representatives of the peoples of the United Nations must become a promise of hope and change. AIDS kills, it is true. We must become the promise of life. We have the means to do so. We have the resources necessary to make a difference. Let us therefore keep

the promise of winning the battle against this disease, so that future generations looking into the history of AIDS will see a human tragedy, but also, and in particular, the tale of a time when humankind acted in solidarity and was victorious. Now is the time to act, and to act quickly. We owe it to all those who have died of this disease. We owe it to all who have suffered and to all who continue to suffer from it. Tomorrow will be too late.

Mr. Lamba (Malawi): Today, HIV/AIDS is probably the worst human epidemic in history. It is certainly the worst human epidemic of the twentieth and twenty-first centuries. The Declaration of Commitment on HIV/AIDS, adopted at the special session of the General Assembly on HIV/AIDS in resolution S-26/2, represents an important milestone in the global response to the pandemic. The Secretary-General's report (A/57/227) highlights the achievements and potential challenges in the implementation of the commitments. My delegation fully endorses the critical recommendations in the Secretary-General's report.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) and its eight partners deserve to be commended for their untiring efforts to assist Member States to translate the Declaration of Commitment into concrete action. It is very disappointing that, despite the efforts by the international community to eliminate the vulnerability of the human race to HIV/AIDS, the epidemic continues to pose serious threats to humankind. Indeed, a lot of work remains to be done if we are to realize the goals of the Declaration of Commitment.

HIV/AIDS remains a very serious problem in Malawi, as indeed in it is in the whole of Africa. Estimates made by Malawi's national AIDS commission in 2001 put the prevalence of HIV among those aged 15 to 49 at 15 per cent, out of an entire population of about 12 million. The prevalence of HIV/AIDS in other States of the Southern Africa Development Community (SADC) subregion is no better. Statistics in Malawi show that 25 to 50 per cent of the workforce is likely to be lost to the epidemic by 2005. The majority of young people in the 15 to 24 age bracket are the most highly infected, with as many as six HIV-positive girls for every one HIV-positive boy. AIDS is wreaking havoc on our communities, where the national productive capacity has been profoundly affected, particularly in Malawi. Malawi's national response to the epidemic has touched on a number of key areas, including those raised in the report of the Secretary-General — for example, in the areas of leadership, partnership and resources.

My delegation fully endorses the observation made by the Secretary-General that strong political leadership must be a central feature if countries are to succeed in their responses to the HIV/AIDS pandemic. The leadership in Malawi has been, and continues to be, forthcoming and actively involved in mobilizing the nation to combat this scourge. For instance, in 1994 the President of the nation led the country in an awareness-raising march in an effort to break the silence and show that HIV/AIDS had become a very serious problem in the country. Consequently, political, religious and civil society leaders have taken every opportunity to talk openly about AIDS, its dangers and its consequences. However, the major challenge remains actually changing people's behaviour and attitudes.

The mechanism for Malawi's national response is the Strategic Framework on HIV/AIDS 2000-2004, which was launched in 1999 with the sponsorship of the United Nations Development Programme (UNDP). Among other things, the programme focuses on young people, with particular emphasis on behavioural change. The National AIDS Commission and the Ministry for Health and Population are the major implementing agencies. In addition, a cabinet-level committee on HIV/AIDS has been established in Malawi to ensure, among other things, that HIV/AIDS remains high on the national agenda. The committee maintains close oversight over the implementation of programmes across the country, and reports directly to the President.

In a recent development, and to emphasize his personal commitment, the President of the Republic of Malawi, Mr. Muluzi, directed the Malawi National AIDS Commission to report to his office in order to ensure close monitoring of progress in the fight against the epidemic. However, some traditional cultural beliefs and customs that encourage and promote the spread of the disease continue to be of great concern. Those practices present a major impediment to the national campaign against the pandemic.

The Secretary-General's report observes that the engagement of other sectors in the active response to the pandemic poses a major challenge. This is true in

the whole SADC region, as the statement to be made on behalf of the subregion will indicate. All possible efforts are being made to treat HIV/AIDS as a cross-cutting issue whose elimination requires the involvement of all other sectors. In Malawi, Government-approved budget lines for each ministry and department to implement HIV/AIDS programmes are a must. The education sector is one area where some progress has been registered. School curriculums at both the primary and secondary levels have been revised to include sex education and messages about the dangers of HIV/AIDS and how to prevent them.

Partnership with the private sector, civil society and the donor community has yielded positive results in the fight against HIV/AIDS. In its efforts to curb the epidemic, the Malawi National AIDS Control Programme has facilitated the establishment of institutional structures such as the Media and AIDS Society, AIDS clubs, the Malawi AIDS Network — an organization that supports HIV/AIDS groups — the District AIDS Coordination Committee and village AIDS coordination committees. These initiatives have so far facilitated the dissemination of messages about the dangers of the epidemic in rural areas and urban centres alike.

Other initiatives in Malawi include, for example, the Drama on AIDS Programme, peer education for young people, sex workers and truck drivers, the introduction of a red ribbon campaign, billboard messages that include the President's portrait and open dialogue with religious leaders on HIV/AIDS issues. To widen outreach to rural areas, adult literacy booklets with HIV/AIDS messages have been published as post-literacy materials. Furthermore, rural resource centres where people can access information on HIV/AIDS have also been established.

These initiatives are aimed at sustaining wider levels of HIV/AIDS awareness. However, as pointed out by the Executive Director of UNAIDS, the geographical and numerical coverage of interventions remains the key to the success of these initiatives, most of which operate as small-scale interventions rather than as nationwide comprehensive programmes due to financial constraints, among other limitations.

The problem of orphans is also on the rise in Malawi. Malawi alone has close to 1 million orphans. It is estimated that in the next 10 years 70,000 children in Malawi will become orphans annually, their parents having perished. At this point, let me commend the United Nations Children's Fund, other United Nations agencies, the United States Agency for International Development, and non-governmental organizations such as Save the Children for their increased support to orphan care programmes in Malawi.

My delegation wishes to commend the Secretary-General for this report, which calls on all Member States to strengthen their intervention efforts through, among other measures, enhanced access to HIV/AIDS treatments such as antiretroviral drugs, which need to be made available to all. HIV/AIDS patients must get those drugs at affordable cost. This is an area in which the Government of Malawi is facing serious difficulties, for economic reasons.

The Government of Malawi is profoundly grateful for the injection of financial resources amounting to $190 million for the Global Fund to Fight AIDS, Tuberculosis and Malaria over the next five years for the purpose of implementing the Declaration of Commitment. I would like to thank all donors who have generously contributed to the Fund. I would also like to take this opportunity to urge them to continue to support the Fund so that the work in this area is sustained in a manner commensurate with the speed at which the epidemic is spreading.

In conclusion, the Government of Malawi would like to call for continued international technical and financial support for all the efforts designed to address the HIV epidemic and its related problems.

Mr. Valdés (Chile) (*spoke in Spanish*): Several years ago, Luc Montaigner, the scientist who discovered the agent that causes AIDS, said that no disease in modern times had raised so many questions about our identity, values and sense of tolerance and responsibility. This disease indeed raises questions in every one of our countries and societies. Those questions relate to how we should organize ourselves to reflect our values, the tolerance we must demonstrate and our responsibility to confront the challenge.

In that regard, we appreciate the tremendous step taken by the international community in the Declaration of Commitment on HIV/AIDS, which Member States adopted in June 2001 in resolution S-26/2. We consider the points made by the Secretary-General in his report (A/57/227) on progress towards the implementation of the Declaration to be very important and very useful.

We agree that the Declaration marks a milestone in the fight against the pandemic, as it establishes for the first time concrete objectives and specific timetables for all States. We are being called upon to expand global efforts, including measures at prevention, access, support, treatment and the protection of human rights — especially those of the most vulnerable groups — as well as to mitigate the effects of HIV/AIDS on society and to allocate sufficient resources to carry out these activities. We must also acknowledge the work done by the United Nations by expanding cooperation and technical assistance programmes, especially through the Joint United Nations Programme on HIV/AIDS (UNAIDS).

With regard to the allocation of resources, the Global Fund to Fight AIDS, Tuberculosis and Malaria has begun to play a very important role as a financing mechanism. That has meant significant progress in the struggle to reduce the enormous economic shortfall in responding to this epidemic. We believe that the Fund is an expression of solidarity and of understanding of the difficulties that many countries have in implementing appropriate policies. Nevertheless, we know that the resources committed to date represent only a third of what is needed, and that greater cooperation by the international community will be necessary. This situation is particularly serious as it relates to the African continent, which is the region most affected by AIDS and which requires a special effort from donor countries.

After reviewing the preliminary results referred to by the Secretary-General in his report, we believe we must recognize the progress achieved and the efforts made by countries to develop and implement national strategies, particularly by low- and middle-income countries, which face even greater challenges.

In that connection, I wish to point out that Chile is working resolutely to implement the commitments we have undertaken and to confront the challenges posed by HIV/AIDS, particularly with regard to the implementation of our national strategy. We believe that our experience could be of interest to other countries committed to the same struggle.

Over the last decade, the epidemic in Chile has been tackled through an intersectoral approach, including a standing committee composed of under-secretaries for health, the interior, the cabinet, education, justice, planning, labour and the police. In addition, we have also established the National AIDS Commission, which is the agency responsible for the development and executive coordination of the programme for the control and prevention of AIDS. One of the main tasks of the Commission has been to carry out studies and assessments that have served as a basis for the drafting of working policies and strategies in the areas of prevention and care with the active participation of other State institutions and civil society, particularly with organizations of persons living with HIV/AIDS and those at greater risk of the epidemic, as well as church and humanitarian organizations in general.

Mr. Mamba (Swaziland), Vice-President, took the Chair.

That response is a clear sign of my country's belief that economic, political, legal and sociocultural factors determine vulnerability to HIV/AIDS. It is also an indication of our resolve to develop, with the participation of all actors involved, policies that promote human development and solidarity and recognize diversity as a cultural asset of society. We have focused our efforts in that direction, and are aware of the responsibilities of the State towards persons living with HIV/AIDS. We have made a firm commitment despite our limitations, which are essentially economic.

In that connection, my Government has, first, steadily increased its budget in this regard and has provided direct medical attention and training for health teams throughout the country. Secondly, we have increasingly expanded treatment coverage. Thanks to international support, that coverage is currently at 80 per cent. Thirdly, we have worked to improve health and, through education and communication, to prevent the transmission of HIV/AIDS, while taking into account the factors that must be addressed to bring about changes in sexual behaviour.

Moreover, my Government is convinced of the need to strengthen the psychosocial elements that strengthen prevention and comprehensive care in the areas of employment, education and health. My Government has therefore decided to institutionalize this process through a law drafted jointly by Parliament, the Government and persons living with HIV/AIDS. The President of Chile enacted that law in December 2001. As President Lagos has explained, the

law on the human immunodeficiency virus and tax benefits for catastrophic illnesses is a powerful tool in preventing the spread of the disease, eliminating discrimination and determining the approach to be taken in dealing with this catastrophic disease so as to bring it under control.

Chile is therefore focused not only on prevention, but also on controlling the disease. This year's budget for testing and for financing tri-therapy has been increased by about 30 per cent. That has enabled us to make medicines available free of charge to a large number of patients in the public health care system. We have also managed to finance treatment for over 3,000 persons, including pregnant women and children.

I think it is also necessary to highlight the important role played in this process by civil society, which has mobilized around this issue. That participation has been vital in calling for a response from Chilean society. In addition to organizing themselves, they have been engaged in a legitimate mobilization process to demand responses to their requests and to deal, often courageously, with discriminatory behaviour. As a specific example of cooperation, I would like to mention the project to speed up and expand an intersectoral, participatory and decentralized national response to the HIV/AIDS epidemic in Chile. That project, which has been financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria, began to operate in March 2002 and includes the participation of the Government, universities, non-governmental organizations and groups of HIV-positive persons, among others. The project has great value and has aroused significant interest due to the work it is doing to reduce the gap between the current situation and the challenges that the epidemic poses for the country, to ensure 100-per-cent treatment coverage, to guarantee the sustainability of actions by ensuring that they continue and, finally, to strengthen public-private partnerships.

Despite the progress made and the optimistic messages of the last year, I must say that Chile still has many challenges and problems to overcome, particularly with regard to the discrimination that continues to exist in some segments of society. Such discrimination has a range of consequences in a number of areas, particularly in the emotional sphere and in terms of exclusion from the workforce.

In closing, I would like to say that the HIV/AIDS epidemic challenges us as societies to devise both national and global responses. In meeting that challenge, there is no room for prejudice or rigid ideological stances, which have no relationship to the urgent needs of groups affected and which make it difficult to devise a satisfactory response that will make it possible for us to stem the course of the epidemic. HIV/AIDS is an illness that affects us all. The entire international community must continue to cooperate and work together to fight it.

Mrs. Ševčíková (Czech Republic): Allow me to start by complimenting the Secretary-General and the Joint United Nations Programme on HIV/AIDS (UNAIDS) for their work relating to the overall process leading to the adoption of the Declaration of Commitment on HIV/AIDS (see resolution S-26/2) during the twenty-sixth special session, on HIV/AIDS, held in June 2001. The twenty-sixth special session represented a very important step towards ensuring a global effort in the fight against HIV/AIDS. For the first time since the beginning of the epidemic, two decades ago, we have a document that summarizes commitments needed to reduce and eliminate the spread of this deadly disease. The Czech Republic appreciates the clarity of the document's language and of the goals it set. We reiterate our commitment to contribute to the global alliance to fight HIV/AIDS.

Relevant national targets from the Declaration of Commitment have become part of the new midterm plan for the prevention and control of HIV/AIDS in the Czech Republic for the period 2003 to 2007. Seven out of the nine UNAIDS national programme and behavioural indicators have been incorporated into our national plan against HIV/AIDS for the same period.

Thanks, among other things, to its relatively high standards of health care, the Czech Republic has been lucky not to have been heavily affected by the epidemic so far. The incidence and prevalence of HIV/AIDS in our country are among the lowest in the world. By August 2002, a total of 585 cases of HIV infection had been diagnosed and reported out of a total of 10.3 million Czech citizens. Of that number, only 161 persons have developed full-blown AIDS disease, and 99 persons have died of HIV-related causes.

We have been able to limit cases of HIV transmission among injecting drug users thanks to

widely accessible services for the exchange of needles and syringes. So far, we have avoided the experience of other Eastern European countries with regard to an exponential increase in new cases of HIV infection, especially among injectors. Only three cases of mother-to-child transmission of HIV have been reported in our country. Among other things, that has been due to free access to voluntary counselling services and mandatory prophylaxis for all mothers infected with the HIV virus. We still have almost zero prevalence of HIV infection among blood donors. Antiretroviral drugs are accessible to all persons in need of them, and their cost is covered by the national health insurance system and by the national AIDS programme budget.

However, we feel solidarity with, and assume our share of responsibility for, all the countries whose people may have been affected on a much larger scale by HIV/AIDS, tuberculosis or other diseases of a similar nature. Their example teaches us that nobody can be safe from HIV/AIDS unless the whole planet coordinates its efforts to eliminate it.

In our view, the establishment of a set of indicators by UNAIDS to measure national levels of response to the epidemic represents progress in monitoring HIV at both the national and the international levels. We would like to see the UNAIDS Programme Coordinating Board focus its attention more on further developing indicators to measure the progress made by the United Nations system in its response to the epidemic. The Czech Republic declares its readiness to contribute actively to the work of the Board. To that end, we have already presented a Czech candidate for a post on the Board for the period 2004 to 2006.

In conclusion, I would like to express my appreciation for the report of the Secretary General contained in document A/57/227. We support intensified efforts to translate into practice the best international practices of other countries, using the authority and leadership of UNAIDS. We welcome the stress placed on the importance of preserving the human rights of persons infected with HIV/AIDS, as well as the importance of collaboration with non-governmental organizations in the field.

We fully identify ourselves with the statement delivered on behalf of the European Union last Friday. Together with the Union, we are especially ready to support specific interventions and prevention and treatment capacities built at the local level to sustain an effective response to the pandemic.

Mr. Kulyk (Ukraine): Today we are addressing the HIV/AIDS epidemic, which continues to hamper the attainment of sustainable development goals throughout the world, to ravage the world's population and to erode social and economic welfare. Over the past two decades, HIV/AIDS has dramatically spread to the every corner of the Earth. The epidemic increasingly represents a global threat, and combating its devastating effects is a matter of particular importance to all countries.

The international community has awakened to the scope and urgency of the HIV crisis. This was clearly demonstrated by the focused attention given to this issue by world leaders at the Millennium Summit and at the twenty-sixth special session of the General Assembly, on HIV/AIDS, which was held in June 2001 on the initiative of Ukraine. We believe that the Declaration of Commitment on HIV/AIDS, which was adopted at that session in resolution S-26/2, is an important framework and a crucial tool for mobilizing the global response to the AIDS epidemic. It is essential that the implementation of the Declaration be viewed as an inherent part of a broader process towards achieving the Millennium Development Goals. It is therefore important that the issue of HIV/AIDS be integrated into national sustainable development policies and poverty reduction strategies.

According to the Secretary-General's report (A/57/270) on the implementation of the Millennium Declaration, the epidemic is growing fastest in Eastern Europe and Central Asia. Unfortunately, Ukraine ranks among the countries most seriously affected by the disease. The number of people living with HIV/AIDS in Ukraine has been growing in the last 10 years. According to recent estimates, there are more than 48,000 people in Ukraine officially registered as being infected with HIV. The number of those registered, however, is believed to be just the tip of the iceberg. Reportedly, there may be as many as 400,000 Ukrainians living with HIV/AIDS. That figure amounts to about 1 per cent of the country's adult population. Currently, 71 per cent of the people registered as being infected with HIV/AIDS contracted the virus through intravenous drug use. But recent trends show that HIV is spreading from infected injecting drug users to their sexual partners, who are often non-injecting drug users, thereby widening the HIV crisis.

The Ukrainian leadership has demonstrated its strong dedication to addressing the growing HIV/AIDS problem, preventing a full-blown epidemic and alleviating the negative consequences of the disease on the Ukrainian people. The President of Ukraine is leading national efforts in the HIV/AIDS challenge. The creation by presidential decree in 2000 of a Government commission to combat HIV/AIDS and the proclamation of 2002 as the year to fight AIDS in Ukraine testify to the fact that this issue is being given priority attention by the State.

Fully aware of the pervasive and destructive impact of AIDS and its devastating consequences, the Ukrainian leadership formulated a strategy to respond effectively. That strategy is outlined in the 2001-2003 national programme for the prevention of HIV/AIDS in Ukraine. That document charted a comprehensive approach to HIV/AIDS-related issues, and serves as a road map for a national alliance to fight the virus. It has gained the full support of the various United Nations agencies and other international organizations. The first and foremost priority of our policy-makers remains prevention of new infections. Sustained efforts continue to ensure prevention among injecting drug users and young people, prevention and treatment of sexually transmitted infections, prevention of mother-to-child HIV transmission, and expanding access to care and treatment of people living with HIV/AIDS. We wish also to stress that Ukraine has already incorporated HIV/AIDS awareness training into the national training programmes for military personnel in preparation for deployment.

It is crucial to harness the momentum of the General Assembly's special session on HIV/AIDS to the mobilization of the United Nations system. Stronger and more coordinated activities on the part of the Organization are required to fortify HIV/AIDS efforts at the global and national levels and to provide more effective assistance to countries.

We note with satisfaction that concrete measures have been taken by various United Nations agencies, funds and programmes, especially the World Bank, the International Labour Organization, the United Nations Educational, Scientific and Cultural Organization, the World Health Organization, the United Nations Development Programme and the United Nations Children's Fund, in order to build on national capacity and strengthen HIV/AIDS programmes at the country level. In this context, my delegation would like to express its appreciation of the important activities and significant role played by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and co-sponsoring agencies in the global alliance against the epidemic. In Ukraine, the Programme forged a series of partnership relations with both governmental institutions and non-governmental organizations. Several projects on HIV/AIDS are being implemented in Ukraine. We strongly hope that the UNAIDS activities in my country shall be further expanded and intensified.

My delegation also commends the Secretary-General's initiative on the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria in order to strengthen global capacity to mobilize additional financial resources to support the national strategies against the epidemic. Ukraine, as a member of the Board of the Global Fund, will do its best to put into practice its experience in addressing the HIV/AIDS challenge. It is clear that the currently available funds will meet only part of the needs of the fight against HIV/AIDS. In this regard, we would like to urge the donor community to increase its invaluable support.

Ukraine has committed itself to the Millennium Development Goal of halting and reversing AIDS and is making every effort, despite daunting economic challenges, towards its achievement. Ukraine is convinced that the Declaration of Commitment on HIV/AIDS, rather than being a final destination, establishes a platform for building a global partnership against the epidemic.

If the potential of this process is to be fully measured and utilized, coherent policy dialogue should be further pursued. In this regard, we wish to stress the importance of having a one-day debate at the fifty-eighth session of the General Assembly to review and discuss the progress in follow-up to the Declaration of Commitment on HIV/AIDS. It is also important that this debate be held during or close to the high-level segment and with the participation of civil society.

Mr. Baduri (Eritrea): The Secretary-General should be commended for his comprehensive report, contained in documents A/57/227 and A/57/227/Corr.1, submitted under the agenda item under discussion. I wish also to commend the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization for their valuable inputs into this

excellent report and for their efforts in fighting this terrible disease around the globe.

My delegation finds this report powerfully engaging. It serves as a loud wake-up call to us all, rich and poor. It is disturbing to learn from this report that, even after world leaders adopted the Declaration of Commitment in June 2001 to curb this killer disease, responses have been far below expectations. The Secretary-General therefore warns the international community that, in the absence of a substantial strengthening of the global response to HIV/AIDS, 45 million new infections are projected to occur between now and the year 2010. The report further states that effective prevention programmes currently reach fewer than 20 per cent of those at high risk of infection and that only a small fraction of the world's 40 million people living with HIV/AIDS has access to treatment for HIV, opportunistic infections or alleviation of pain. The growing global HIV/AIDS crisis will continue to be a real threat unless the implementation of the Declaration is given utmost priority.

My delegation finds it even more disturbing to note what this life-threatening pandemic is doing to our young ones — the very embodiments of hope for the future. The report says that

> "Despite the dramatic increase in the number of children orphaned by HIV/AIDS, nearly one in two countries lacks a strategy for care and support of children orphaned or made vulnerable by the epidemic." (*A/57/227, summary*)

Our Secretary-General rightly reiterates that

> "The Declaration reflects global recognition of the epidemic as the single greatest threat to the well-being of future generations." (*ibid, para. 2*)

My delegation shares the Secretary-General's frustration on the slow and limited responses that, in some cases, are too little, too late. He admits that, while

> "most countries have developed national AIDS strategies... implementation of these is slow, largely owing to lack of resources and technical capacity". (*ibid., para. 7*)

It was on this point that my delegation took the podium to inform this Assembly of activities that have been taking place in Eritrea regarding the subject under discussion. Since I have annexed an extensive report from the Ministry of Health of the State of Eritrea to my statement, I will be brief, but I request that this annexed report be part of the official records of this Assembly.

Considering its small population of 3.5 million; an acute shortage of trained and experienced professionals; and a lack of resources for health care, education and job creation, Eritrea has expressly declared the fight against the AIDS pandemic as its top priority. To this end, my Government has established a National AIDS Control Programme (NACP) under the Ministry of Health. Through this programme, the Government has mobilized an effective multisectoral response to HIV/AIDS. Even during the difficult times of conflict with Ethiopia and in the post-conflict period, my Government has been fervently fighting the spread of this disease with the support of the United Nations system and other partners.

The NACP estimates that between 30,000 and 70,000 Eritreans are living with the HIV infection. If this killer epidemic is left uncontrolled, it could have a devastating effect on the country's human and economic development potential. The spread of this terrible disease is alarming. Reported AIDS cases in Eritrea have risen from eight in 1988 to over 13,500 in 2001. In 2001 alone, 2,759 cases were reported to the Ministry of Health. Analysts in the Ministry of Health say that the doubling time for reported AIDS cases is approximately 18 months. In terms of impact on health services, AIDS ranked as the tenth cause of death in hospitals and health centres in 1996, but was the second leading cause of death in 2000. An HIV behavioural and sero-survey conducted by the Ministry of Health among five population subgroups in 2001 showed the following seroprevalence rates in the country: general population — 2.3 per cent; secondary school students — 0.1 per cent; clinic attendees — 2.8 per cent; the military — 4.6 per cent; and female bar workers, including commercial sex workers — 22.8 per cent.

The findings revealed that the majority of the respondents have a low-risk perception of contracting HIV/AIDS and sexually transmitted diseases. Females are more likely to claim that they are at no risk at all, as compared to their male counterparts. A high proportion of bartenders and military personnel — 60 per cent and 62 per cent respectively — perceived themselves as being at no risk at all of contracting HIV/AIDS and sexually transmitted diseases. The

younger population, however, perceived a low risk because of the use of condoms or of one sexual partner. The older age groups, on the other hand, perceived low to no risk of contracting because of either only one sexual partner or abstention from sexual activities.

Ethiopia's military invasion of my country in May 2000 drove nearly one third of the Eritrean population from their homes and villages into temporary camps. HIV/AIDS spreads fastest in conditions of instability and powerlessness, which are often at their most extreme during emergencies. Thus, the Government of Eritrea quickly adopted measures to prevent the rapid spread of the HIV/AIDS epidemic in emergency and post-emergency situations. The disintegration of communities in times of humanitarian crisis and mobilization of sexually active youth and the middle aged — 18-40 years old — into the military has contributed immensely to the rapid spread of HIV/AIDS.

The strategic five-year plan to combat HIV/AIDS in Eritrea — 1997-2002 — underlines the importance of multisectoral and multilateral approaches to this killer disease. The Ministry of Health has joined in partnership with other Government sectors, as well as non-governmental organizations, community-based institutions, faith-based organizations, the private sector and other elements of civil society, to respond to the epidemic. Activities are integrated at several levels and are supported by the World Bank-financed HIV/AIDS, Malaria, Sexually Transmitted Infections (STI) and Tuberculosis Control Project (HAMSET). They are being implemented by a variety of partners from many sectors working at central, zonal and community levels, under the leadership of the Ministry of Health.

Although the activities that have been carried on thus far provide a strong foundation for our fight against the disease, not nearly enough has been done to counter the magnitude of the threat that the HIV/AIDS epidemic poses to Eritrea. In order to make a significant contribution to the prevention of HIV transmission, ensure that people living with HIV/AIDS are cared for adequately and increase the scope and speed of our response, additional resources are needed.

It is fair to say that Eritrea is on the verge of a generalized HIV/AIDS epidemic. Military personnel currently in the frontlines, who have a high rate of infection, will come back home to their families and communities with the infection when demobilized. The Government will intervene in a significant way to prevent the spread of infection upon the soldiers' return in the coming months. The national prevention programme will include the promotion of safer sexual behaviour, improved management of sexually transmitted infections, voluntary counselling and testing, prevention of mother-to-child transmission and using safer skin-cutting and piercing practices.

Eritrea is determined to aggressively fight this life-threatening epidemic, and it must succeed. Eritrea is committed to improving its capacity to prevent, care for and support people infected with and affected by HIV/AIDS. But it cannot do it alone. It requires international assistance. Therefore, I cannot help but appeal to the world donor community for resources and drugs to make my country's life-saving HIV/AIDS programme a success.

Ms. Pulido Santana (Venezuela) (*spoke in Spanish*): It has been almost a year and a half since a historic special session took place in this very hall, which was dedicated to the millions of people around the world whose lives have been affected by the terrible HIV/AIDS epidemic. With the special session of the General Assembly devoted to HIV/AIDS in all its aspects, the United Nations broke its years-long silence on the challenging reality of the HIV/AIDS epidemic.

Without doubt, that meeting marked a landmark in the epidemic's evolution, as it was the first time that heads of State or Government from around the world met to discuss and adopt a common agenda to address a health issue.

The Declaration of Commitment on HIV/AIDS adopted by the special session of the General Assembly on HIV/AIDS is also a historic document. It amply addresses all aspects of the epidemic and establishes collective goals whose fulfilment will enable us to curb the spread of the disease and respond appropriately to those infected by it.

For Venezuela, one of the most significant achievements resulting from the special session is the comprehensive treatment of all aspects of the epidemic. Prevention, reduction of the vulnerability of specific groups to the disease, treatment, care and support for those living with HIV/AIDS and respect for their human rights are all elements that, in conformity with the Declaration of Commitment, must receive equal

attention in confronting HIV/AIDS. That new vision left behind the idea that poor or middle-income countries must focus exclusively on preventing new infections because of the lack of sufficient resources to acquire available treatments or to care for their infected populations. Thus a door of hope had been opened for millions of people that had previously been closed.

My delegation welcomes the report of the Secretary-General on progress towards implementation of the Declaration of Commitment on HIV/AIDS (A/27/227 and Corr.1), which presents a general overview that enables us to assess the pace at which we are collectively moving towards the implementation of the goals adopted last year. The report points out that much remains to be done in the field of developing national strategies for HIV/AIDS. Those national strategies are the basis for national action with regard to all aspects of the epidemic, and international cooperation and technical assistance are channelled through them.

We must not lose sight of the fact that the characteristics of today's world resulting from the globalization process cause the repercussions of phenomena such as HIV/AIDS to be felt in various latitudes. Phenomena such as the increase in migratory movements and large-scale tourism are factors that can indirectly affect the spread of the epidemic from one part of the world to another. Therefore, we need national responses that enable us to contain the spread of HIV/AIDS and to meet the objective, contained in the Declaration of Commitment, to establish and implement in 2003 broad multisectoral national financing strategies and plans to fight HIV/AIDS.

The reduction in the cost of certain antiretroviral drug combinations and the conclusion of agreements with the pharmaceutical industry to reduce the price of medicines needed to treat HIV/AIDS — particularly after the adoption of the Declaration of Commitment — are encouraging. Moreover, the efforts of the World Health Organization and the Declaration made at the Fourth Ministerial Conference of the World Trade Organization (WTO), held at Doha, in which WTO member States unanimously declared that the Agreement on Trade-Related Aspects of Intellectual Property Rights "can and should be interpreted and implemented in a manner supportive of WTO members' right to protect public health and, in particular, to promote access to medicines for all", indicate that there is a clear willingness on the part of the international community to deal effectively with the issue of HIV/AIDS.

Nevertheless, we must emphasize the need to undertake and explore action in other areas. Prevention remains a fundamental element in the fight against the epidemic, as the examples of Senegal, Thailand and Uganda have demonstrated. The Secretary-General points out in his report that programmes directed at specific populations whose characteristics make them more vulnerable to HIV/AIDS continue to face various obstacles in their design and application.

We observe that the Secretary-General's report, while recognizing that women, together with marginal groups, bear a large part of the stigma associated with HIV/AIDS, gives no account of activities undertaken to deal with that reality. HIV/AIDS has had a disproportionate impact on women, and that has taken place in a process of feminization of the epidemic. That is why control over decisions related to their sexuality is a tool that would allow women to protect themselves from HIV and should be seen as a prevention strategy in itself, given that it improves and enhances the ability to reduce the risk of vertical mother-to-child transmission. Nevertheless, we see that little progress has been made in that area.

Venezuela has tackled the issue of HIV/AIDS from a human-rights-based perspective, which assumes that the guarantee to the right of health is a social right. It also includes respect for the dignity of the human rights of those affected by the disease and the legal protection of persons living with HIV/AIDS, recognized by courts in the areas of the workplace, the family, education, health and medical care, access to treatment, freedom, personal safety and privacy. We attach great importance to eliminating the stigma and discrimination associated with HIV/AIDS, given that, in the majority of cases, they prevent the full enjoyment of human rights by those affected by the disease. Therefore, we welcome the fact that the World AIDS Campaign is focusing on fighting stigmatization and discrimination in order to give prominence to human rights in global activities to fight the pandemic.

Finally, my delegation would like to express its support for the recommendation made by the Secretary-General to devote an entire day to assessing progress in attaining the goals of the Declaration of Commitment, within the framework of the fifty-eighth session of the General Assembly.

Mr. Wenaweser (Liechtenstein): Having been actively involved in its drafting and adoption, Liechtenstein is firmly committed to the Declaration of Commitment on HIV/AIDS and to its implementation. We warmly endorse the recommendations of the Secretary-General on implementation of the Declaration of Commitment, and we pledge our full support to the joint effort of the United Nations to make HIV/AIDS a scourge of the past.

We deem it of the highest importance that HIV/AIDS is considered not merely a social and health problem, but rather an issue with the strongest implications for economic and development issues, and we therefore note with satisfaction the increasing awareness in that respect. We are grateful to the Joint United Nations Programme on HIV/AIDS (UNAIDS) for its tremendous efforts and for the very useful report (A/57/227 and Corr.1) that is now before the General Assembly. Both the report and the oral presentation of UNAIDS Executive Director Peter Piot before the Second and Third Committees lead us to conclude that we can succeed in our common fight against HIV/AIDS and that we need to do much more in order to be successful.

As is the case when one fights any scourge, the costs of prevention are much smaller than the financial and social costs of failure to prevent. The causes facilitating the spread of HIV/AIDS may differ among cultures and societies, and, accordingly, the most effective means to prevent HIV/AIDS may likewise differ.

However, it is indisputable that, regardless of cultural background, some factors will always contribute to the destructive spread of HIV/AIDS, including poverty, inadequate access to education and in particular information on sexual and reproductive health. Inadequate access to health care, in particular sexual and reproductive health care and services, and discrimination against people living with HIV/AIDS play a fatal role in the spread of the disease.

This last point is worth emphasizing. Both the consequences of HIV/AIDS and its eradication are inextricably linked to human rights. People living with HIV/AIDS are often also victims of discrimination by their societies, their Governments and sometimes even their families. Such discrimination not only violates the human rights and dignity of the persons affected, thereby depriving them of the opportunities in life they are entitled to enjoy, but also, tragically, assists HIV/AIDS in causing more destruction.

There is often a misconception that providing assistance to people living with HIV/AIDS somehow facilitates its spread, when in fact such assistance helps prevent such a spread by providing people living with HIV/AIDS with the information and health care they need to lead their lives in dignity and to protect others from infection. Only by eliminating discrimination can this misconception and its severe consequences be countered. Only by openly acknowledging the fact that HIV/AIDS exists and poses a very grave threat can the pandemic be fought effectively, at the international and particularly at the national level.

We would like to draw attention to the plight of children affected by HIV/AIDS. Access to reproductive and prenatal health services plays an essential role in reducing the number of children born with HIV by preventing transmission of the virus from mother to child. Any child born infected by HIV is an inexcusable failure in our efforts to protect the most vulnerable members of society from the scourge of HIV/AIDS. Similarly, children whose parents have not survived HIV/AIDS must be afforded the social services necessary to help them overcome their loss and to ensure their future.

When, despite our best efforts, prevention fails, the human right of people living with HIV/AIDS to adequate health care must be recognized. Treatment of people with HIV/AIDS, both against the virus itself and against opportunistic infections, must be a priority in the global implementation of our Declaration of Commitment. The core component of such treatment is the development of, and adequate access to, medications able to contain and eventually cure HIV/AIDS. Protecting intellectual property rights is an important tool in encouraging the development of more potent medical treatments; at the same time, intellectual property rights should not be construed as an impediment to the realization of the right to health.

In all our endeavours to free the world from HIV/AIDS, we will not succeed if we neglect to encourage and recognize the vital participation in these endeavours of people living with HIV/AIDS. People living with HIV/AIDS have immediate knowledge of the ways in which HIV/AIDS affects human lives, and their input is essential in making our policies work. Participation in decisions affecting their lives is not

only something they are entitled to; it is also an essential ingredient of our success.

We acknowledge that the fight against HIV/AIDS will be successful only if sufficient financial means are committed to this undertaking. While investments at the national level are of the utmost importance, we believe that the Global Fund to Fight AIDS, Tuberculosis and Malaria represents a key component of a successful worldwide strategy to eliminate HIV/AIDS. Liechtenstein has therefore contributed to the Fund, and we encourage States that have not yet done so to do likewise.

Mr. Ali (Malaysia): At the outset, I wish to say that my delegation associates itself with the statement delivered by Brunei Darussalam on behalf of the Association of South-East Asian Nations (ASEAN) on the agenda item under consideration. However, I wish to take this opportunity to make a brief statement on issues of particular concern to my delegation.

Since the HIV/AIDS pandemic began, almost 58 million people throughout the world have been infected with HIV, and almost 22 million have died. HIV continues to spread, causing more than 15,000 new infections every day. Of these, 95 per cent occur in low- and middle-income countries.

HIV/AIDS is the fourth leading cause of death worldwide. It is threatening to wipe out decades of investments in education and in human development, particularly in large parts of sub-Saharan Africa and in Latin America and the Caribbean. No longer simply a health problem, the pandemic is becoming a "total human problem" and a development disaster. It is especially serious among young adults. Recent figures indicate that the number of cases is increasing rapidly in Eastern Europe and in Asia. Some of the countries hardest hit could lose more than 20 per cent of their gross domestic product as a result of AIDS.

Despite advances in treatment and care, which are widely available in high-income countries, HIV/AIDS prevention programmes and related health-care infrastructure are lagging behind in low- and middle-income countries, where the pandemic is most prevalent. It is therefore imperative for the developed countries to assist the rest, in recognition of the fact that HIV/AIDS does not recognize borders.

In this regard, my delegation fully endorses the recommendation made by the Secretary-General that, in order to ensure an effective response to HIV/AIDS, the international community should be urged to increase its assistance significantly to countries which do not have sufficient resources for intervention, the strengthening of sustainable human capacity, systems development and capacity-building.

We also fully support his call for global research priorities to reflect the pandemic's disproportionate impact on low- and middle-income countries. The magnitude and proportion of research funding devoted to HIV-related questions facing developing countries should be significantly increased. The search for a safe and effective preventive vaccine must be an urgent global priority, with greater investments being made by the public as well as the private sectors in both developed and developing countries.

Having said that, my delegation recognizes that Governments themselves have a crucial role to play in combating the pandemic. States should develop national strategic plans to combat HIV/AIDS and integrate this focus into national development plans and poverty-reduction strategies. Such strategies should reflect the gender dimensions of the pandemic. States should also develop comprehensive strategies to support those infected and affected by HIV/AIDS, including orphans.

In the development of strategies, my delegation strongly supports strengthened collaboration between Governments and the private sector, civil society, people living with HIV/AIDS and vulnerable groups in the fight against the deadly disease.

To combat the pandemic, Malaysia has established an Inter-Sectoral Committee, charged with the responsibility of formulating policies, strategies, programmes and activities, as well as coordinating a nationwide AIDS prevention and control programme. In turn, every State has its own Coordinating Committee on AIDS, responsible for the implementation and coordination of activities at the local level. To further strengthen the collaborative approach, an inter-ministerial committee was established that brings together 14 ministries as well as the Malaysian AIDS Council, an umbrella organization of non-governmental organizations (NGOs) working together to fight HIV/AIDS.

Strategies employed by the Government to combat HIV/AIDS include, first, a surveillance programme for the collection, collation and distribution

of data pertaining to the pandemic and for case notification; secondly, routine HIV screening among vulnerable groups on a voluntary and confidential basis; thirdly, screening of blood and blood products; fourthly, prevention through a strategy of informing and educating the public; fifthly, inter-agency collaboration, to which I referred earlier; and sixthly, treatment, care and support. While prevention is the mainstay of Malaysia's response to the pandemic, we recognize that care, support and treatment are also fundamental, and we therefore include those elements as part of an effective, overall response.

The immediate future does not seem to hold much hope for people living with HIV/AIDS. States must ensure that commitments are converted into concrete action in order to attain the goals enumerated in the Declaration of Commitment on HIV/AIDS adopted at last year's special session. The international community should, for its part, fulfil its social responsibility and assist in generating the new, additional and sustained resources necessary to ensure that States can effectively meet the challenges posed by HIV/AIDS. Action is long overdue. We must, for the sake of humanity, meet the challenge and emerge the winner.

Mr. Jalang'o (Kenya): It is an honour and a pleasure for me to address the General Assembly at its fifty-seventh session on the important subject on HIV/AIDS and on progress towards implementing the Declaration of Commitment on HIV/AIDS, 16 months after the holding of the special session of the General Assembly on the subject.

My delegation would like to thank the Secretary-General for the report before us, which forms the basis of our deliberations. My delegation also extends its sincere gratitude to the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Dr. Peter Piot, for his joint briefing of the Second and Third Committees under this agenda item two weeks ago and for his commitment to this very important issue.

I would like to turn to the report of the Secretary-General on progress towards the implementation of the Declaration. We note from the report that most countries have developed national AIDS strategies but implementation has been hampered by a lack of resources and technical capacity. We also note that commendable programmes fail to achieve their full impact because they remain small in scale and lack a comprehensive approach.

The report underscores the fact that the Declaration reflects global recognition of the HIV/AIDS epidemic as the greatest threat to humanity and the well-being of future generations. My delegation is concerned about the comments of the Secretary-General in paragraph 3 of the report that "The epidemic cannot be reversed without a substantial strengthening of the worldwide response". Effective prevention programmes currently reach fewer than 20 per cent of those at high risk of infection, and only a small fraction of the world's 40 million people living with HIV/AIDS have access to treatment, including for opportunistic infections or even for the alleviation of pain. This is proof enough that the fight against the scourge is far from being won. Effective interventions that have a lasting impact are required now more than ever before.

The urgency of this situation results from the fact that, given the speed at which the epidemic is spreading globally and its extent, countries in the developing world are able neither to keep pace nor to tackle the backlog of economic injustice and social inequality. We have seen from the report that the response to the epidemic by the leadership in sub-Saharan Africa has, indeed, been enhanced. Hence, 40 countries now have national strategies, as compared with 14 three years ago, while 19 have national AIDS councils — up from only three. African Governments have been forced to devote their limited resources to combating the epidemic to such an extent that it is having an impact on other priority areas, such as poverty eradication, education, water, sanitation and hunger and malnutrition. We must continue to be vigilant and become even more conscious of the danger of neglecting child-related problems when prioritizing economic and social issues. The increase in HIV/AIDS cases has resulted in an unprecedented number of orphaned children. In Kenya, for example, the number of orphaned children has increased to 1.8 million, as compared with 1 million three years ago.

You will therefore begin to understand, Mr. President, why Kenya's head of State and Government, President Daniel Arap Moi, declared a state of emergency with regard to HIV/AIDS.

In order to address the resource gap, Kenya submitted a proposal for funding to the Global Fund to

Fight AIDS, Tuberculosis and Malaria amounting to a total of $173,422, broken down as follows: $129,054 for HIV/AIDS: $11,232 for tuberculosis; and $33,586 for malaria, which is another killer.

Despite the constraints on the Fund and the number of requests submitted to it, Kenya strongly appeals for its proposal to be considered favourably. If it is approved, it will assist the country in scaling up existing interventions.

Allow me to inform the Assembly briefly about the actions that Kenya has taken at the national level. First, the Kenyan Government is strengthening its monitoring and evaluation systems. Secondly, the report of the task force on legal issues has now been finalized, and a draft bill is being discussed with stakeholders. However, following the dissolution of the National Assembly in preparation for national elections in December 2002, it is expected that the bill will be discussed as a priority in the next parliament. Thirdly, the Industrial Property Act has been amended to allow importation of generic antiretroviral drugs, which are more affordable. Fourthly, efforts to make antiretroviral drugs accessible to a wider population are also under way in several avenues. Fifthly, in this regard, my delegation calls for support from the United Nations Global Fund on HIV/AIDS and other donor partners to help us in this fight.

The report highlights the need to develop comprehensive strategies to support orphans and other vulnerable children. I wish to report that the guidelines for orphans and vulnerable children are almost finalized. These guidelines, inter alia, seek to address issues of programming, strengthen the economic capacity of families, advocate for the right to education and offer guidance in child protection as well as stigmatization.

Kenya has established a National AIDS Control Council, which has mandated all Government Ministries to set up AIDS Control Units charged with the responsibility of sensitizing employees on HIV/AIDS, as well as advocacy and prevention. This is carried out at the provincial, district and constituency levels, thereby maximizing coverage nationwide. Moreover, key actors in our intervention programmes continue to include members of the private sector, non-governmental organizations, religious organizations and civil society.

In addition, people living with HIV and AIDS have been recognized as critical partners in the fight against HIV/AIDS, especially with regard to reducing isolation and stigma by providing psychological, material and social support. Indeed, in most of our sensitization seminars, people living with AIDS act as resource persons and thereby give the scourge a face — that is, one is dealing no longer with an abstract concept, but with a reality affecting ordinary people. In this regard, we have made great strides in bringing people living with HIV and AIDS together under an umbrella body, the Network of People Living With HIV And AIDS in Kenya. This body has drawn up a draft constitution that has been widely adopted its members.

In the private sector, the Kenya HIV/AIDS Business Council plays a major role in designing prevention programmes in work places and in financing interventions for care and support. To this end, several companies have included HIV/AIDS messages in their codes of regulation. For example, the Federation of Kenya Employers has identified guidelines of operation at work places that outline the manner in which HIV/AIDS cases can be handled. The code has been applauded by most of its members. In a case in point, Unilever Kenya has embarked on a programme to bring together companies to write and set aside funds for employees who fall sick in the course of employment. The Kenya judiciary also has an insurance policy that fully covers people living with HIV/AIDS. Religious groups have also come together to fight HIV/AIDS under an umbrella body, the Inter-Religious AIDS Committee.

The President took the Chair.

Kenya is serious about meeting the commitments of the Declaration and will endeavour to strengthen its interventions, partnerships and efforts towards the same. In May 2002, the first-ever joint HIV/AIDS programmes review was held, bringing together over 120 stakeholders working on HIV/AIDS in the country. One of the major outcomes of this joint meeting was a memorandum of understanding that will be signed by key stakeholders on how to continue implementation of the Kenya National HIV/AIDS Strategic Plan. As we approach the 2002 elections, it is our understanding that the National AIDS Control Council has developed appropriate HIV/AIDS messages and passed them on to contestants for dissemination as they go around campaigning in the country.

In conclusion, Kenya still requires support from the international community to supplement its tireless efforts. Monitoring and evaluation are one area that is in dire need of strengthening. Assistance in this area will help Kenya to achieve the desired targets. In this respect, allow me to thank all those development partners, particularly the World Bank, United Nations agencies and programmes, non-governmental organizations, civil society and community-based organizations, without which we would not have accomplished what we have achieved so far. Together, we can see some light at the end of the tunnel.

Mr. Gaspar Martins (Angola): I have the honour to address the Assembly on behalf of the Southern Africa Development Community (SADC), which includes Botswana, the Democratic Republic of the Congo, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe and my own country, Angola.

The twenty-sixth special session of the General Assembly on HIV/AIDS, through its outcome document, the Declaration of Commitment on HIV/AIDS, was a significant turning point in the global response to the epidemic. The Secretary-General' s report on the progress made in the implementation of the Declaration of Commitment on HIV/AIDS is forward-looking, as it highlights the achievements made and potential challenges that need our collaborative and urgent attention. The report makes very critical recommendations, which SADC will consider in addressing this human catastrophe.

HIV/AIDS has now become the scourge of Africa, where 28 million of the 40 million HIV/AIDS patients worldwide are to be found Statistics indicate that, of the 40 million people living with HIV/AIDS, 28 million are in the countries of sub-Saharan Africa. The pandemic is afflicting all SADC States in varying degrees of intensity and is propelled across the boundaries of States through cross-border movements. As such, the strategies to combat the spread of HIV/AIDS have a regional focus which transcends national policies. Harmonization and coordination of the regional response, therefore, would ensure mutually beneficial regional integration.

HIV/AIDS is decimating a large percentage of the working population in SADC, with serious implications for economic growth and for efforts to eradicate poverty. In this regard, many SADC countries have experienced slow economic growth. The prevalence of HIV/AIDS is very high in the SADC region For example, in Botswana, Lesotho, Swaziland and Zimbabwe, 24 to 36 per cent of the population aged 15 to 49 is living with AIDS. Consequently, gains in life expectancy have been seriously eroded. The majority of young people in the 15 to 24 age range are the most highly infected, with more negative implications for girls than boys.

SADC's response to the pandemic, which is contained in the SADC HIV/AIDS Strategic Framework and Programme of Action for 2002 to 2004, addresses a number of key areas, including leadership, partnership and resources. SADC believes that strong political leadership is a central feature if countries are to succeed in their response to the HIV/AIDS pandemic. The leadership in our countries has been, and continues to be, forthcoming and actively involved in mobilizing nations to combat this scourge. Both the SADC Summit and the Council of Ministers are actively involved in seeking solutions to the pandemic. Initiatives currently being pursued include the questions of mother-to-child transmission of HIV/AIDS and the availability of antiretroviral drugs; stepping up efforts to implement programmes in member States aimed at supporting voluntary counselling and testing; and coordinating action by scientists in the speedy development of effective and affordable vaccines. Strengthening the capacities of health systems to effectively deliver services poses a serious challenge that requires urgent attention.

In line with the observation of the Executive Director of UNAIDS at the briefing given to Member States at this session, there is an urgent need to engage other sectors. Among other things, the SADC Framework proposes to involve the 10 economic sectors within SADC, namely, those of culture, information and sports; employment and labour; health; human resources development; mining; tourism; the transport and communications commission; industry and trade; finance; and food, agriculture and natural resources. The SADC Gender Unit is also a critical actor in the response, considering the disproportionate impact of the pandemic on the vulnerability of women and girls.

Those sectors indeed have a critical role to play in the implementation of the Framework. For example, the employment and labour sector adopted a reporting

format on HIV/AIDS and employment in order to effectively monitor the code of conduct on HIV/AIDS and employment in the SADC region. Furthermore, the finance and investment sector established a working group on HIV/AIDS to look into creating an information centre where all research and analysis on the economic, financing and costing of alternative HIV/AIDS-related policies from the SADC region will be collected.

Partnership with the private sector, civil society and the donor community is an area in which there have been positive results in the fight against HIV/AIDS. The SADC Health Sector Coordination Unit established collaborative links with the Southern African Network of AIDS Service Organizations, which is a part of a worldwide grouping of AIDS service organizations in Africa. Collaborative partnership was also established with the United Nations Economic Commission for Africa and the Subregional Development Centre for Southern Africa in Lusaka, which has further strengthened SADC's response to HIV/AIDS by incorporating the gender prospective as part of an ongoing process.

The problem of HIV/AIDS orphans is also on the rise in the SADC region, owing to escalating mortality among HIV/AIDS parents. Civil society, faith-based organizations and non-governmental organizations are encouraged to participate in dealing with the challenge of orphans. This is an area where new strategies must be established in order to secure a brighter future for orphans. In this connection, a SADC workshop on orphans and vulnerable children will be held in Windhoek, Namibia, from 25 to 30 November 2002. SADC commends the United Nations Children's Fund, the World Health Organization and other United Nations agencies and non-governmental organizations for their increased support to orphan-care programmes in the SADC region.

The provision of care, support and treatment to HIV/AIDS patients remains an expensive exercise, due mainly to the high cost of drugs. SADC countries are developing countries, which have numerous economic and social development constraints. The additional high cost of drugs adds to the already existing financial difficulties faced by our countries. In that regard, SADC wishes to support the Secretary-General's call on all Member States to strengthen their intervention efforts through, among other measures, enhanced access to HIV treatment, such as antiretroviral drugs, which need to be made available to HIV/AIDS patients at affordable cost.

SADC is convinced that the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria can provide substantial financial support in implementing the Declaration of Commitment. We would like to thank UNAIDS for expressing its willingness to provide technical support to requesting Member States, which will be valuable for SADC members in working towards the realization of the Declaration of Commitment. We are also thankful to all the donors who have generously contributed to the Fund. We hope that the Fund will be provided with adequate resources to make it sustainable.

In conclusion, SADC commends UNAIDS and its eight sponsors for their untiring efforts in assisting our Governments to translate the Declaration of Commitment into concrete actions. Indeed, a lot of work remains to be done if we are to realize the goals of the Declaration of Commitment. We call for continued international technical and financial support for all the efforts designed to address the HIV/AIDS pandemic and its related problems, without which all the efforts to eliminate the vulnerability of the human race to HIV/AIDS will continue to pose serious threats to the world at large.

Mrs. Loemban Tobing-Klein (Suriname): Fifteen years ago, the most serious disease we all feared was cancer. Diseases such as leprosy, small pox and several childhood diseases could be cured. Nobody would have thought that there could be diseases as dangerous as HIV/AIDS. Nobody would have thought that, in a world where science is at its peak, a cure would have been so difficult to find or medicines so expensive and hard to obtain.

In the late 1980s, the first HIV/AIDS deaths were recorded in Suriname. People were afraid even to mention the name of the disease. Today Suriname is no different from other countries, where too many of our young, energetic people are infected or affected by HIV/AIDS. Around 1990, the Government and civil society started planning how to react and how to protect our people from HIV/AIDS. A strategy was set out leading to the creation of a national AIDS programme, instituted within the Ministry of Health, and the Mamio Namen Project — the Quilt Names Project — a non-governmental organization (NGO) whose main objective is to make HIV/AIDS awareness

an ongoing concern by making quilts for every person who has died of AIDS. Making the quilts together also supports families in their efforts to cope with their grief. Various kinds of support are given, including financial assistance, medicine, food and social support from friends.

Other initiatives include the Peer Education Programme Suriname, an NGO led by youngsters who elaborate awareness programs to reach youth in and out of schools; the Maxi Linder Foundation, which focuses on commercial sex workers and their families; and the Claudia A. Foundation, which works especially in low-income neighbourhoods, supporting HIV/AIDS infected and affected peoples in various ways. One of their activities is distributing daily hot meals to families with limited or no financial means. In this endeavour, they are subsidized by the Ministry of Social Affairs and Housing. There are also arrangements made to make individuals eligible for various types of social support from the Government, including housing, financial assistance and medical care.

The newest foundation is Parel, meaning "pearl", which takes care of AIDS orphans by providing them with a home and all necessary support if no one takes responsibility for them. In this regard, grandmothers are playing a pivotal role, as is true internationally, since more than 20 million people of the 60 million HIV/AIDS infected persons have already died, leaving behind millions of orphans.

Apart from the NGOs in Suriname, governmental and non-governmental health organizations carry out programmes on HIV/AIDS infected and affected peoples, within their regular programmes. The national family planning NGO, Stichting Lobi, a lobby foundation also called the "the love foundation", has gained several regional and international awards for their family planning activities, including HIV/AIDS awareness. Special attention is given to young boys in poor sections of the capital, who are encouraged to listen and to talk about HIV/AIDS and how to protect themselves.

The national AIDS programme with a Government-appointed coordinator is carrying out a project to enact legislation to give HIV/AIDS the status of a sexually transmitted disease. That will establish a legal basis for testing partners of AIDS-infected persons in order to prosecute people who have deliberately infected others with the virus. The new legislation will also compel employers to keep their infected employees at their jobs. People who discriminate against HIV/AIDS infected or affected people will be prosecuted.

In the last few years, insurance companies and private companies have joined the Government and NGOs in their AIDS prevention and treatment activities. A fund has been set up to sponsor medicine. Since the drugs are so expensive until now, just a small group of people were able to benefit from them. Private companies and interested people are encouraged to contribute to the fund. National and international research institutes have shown interest in the medicinal plants of Suriname in their search for a cure for HIV/AIDS. Partnerships have been established between international pharmaceutical companies such as Bristol-Myers Squibb, the Government of Suriname, the University of Suriname, some nature conservation NGOs and tribal communities. In the context of the Caribbean Community, of which Suriname is a member, our country is participating in the [illegible] of the Council for Human and Social Development to combat the growing incidence of HIV/AIDS and to promote HIV/AIDS awareness training. The Caribbean is the most infected region after sub-Saharan Africa.

In conclusion, may I join all other delegates in applauding the Secretary-General for his comprehensive report on the implementation of the Declaration of Commitment on HIV/AIDS adopted at the General Assembly's twenty-sixth special session. The Government of Suriname participated actively in the special session on HIV/AIDS in June 2002, with a delegation chaired by the Ministry of Health, and consisting also of NGO representation.

We also wish to commend various countries, such as Japan and the United States, for their valuable support for the Global Fund to Fight AIDS, Tuberculosis and Malaria, which needs more resources — as we have heard here — than what have so far been made available. My country Suriname has filed a project proposal in the month of September, before the deadline, and hopes to be among the countries selected for the project.

The President: In accordance with General Assembly resolution 49/2 of 19 October 1994, I now call on the Observer for the International Federation of Red Cross and Red Crescent Societies.

Mr. Gospodinov (International Federation of Red Cross and Red Crescent Societies): At the end of a long day, please allow me to read a shorter version of my statement.

This is one of the discussions which makes us all feel both uncomfortable and concerned. Uncomfortable, because despite all our efforts, the HIV/AIDS pandemic is conquering new territories. Concerned, because people are being infected and are dying with a speed faster than the effect of our efforts.

Yet, almost a year and a half after the Declaration of Commitment was adopted, the International Red Cross and Red Crescent Movement has something encouraging to announce. In the over 50 countries hit hardest by the AIDS epidemic, the Red Cross or Red Crescent Societies launched new HIV/AIDS programmes, scaled up existing ones and incorporated HIV/AIDS components into already existing health activities.

To all of you that supported and recognized the role of the Red Cross and Red Crescent in combating HIV/AIDS, I want to tell you today that pockets of success can be seen in many places where we work.

For example, the Red Cross of Uganda has been promoting blood safety in partnership with the Blood Transfusion Service. Fifty per cent of the blood collected is used to treat infant and child anaemia as a result of malaria. Each unit of blood services 3 children. Last year alone, some 86,000 units of HIV-free blood were collected, assisting approximately 129,000 children. This amount of blood has risen steadily from 7,000 units in 1990 to 70,000 units in 2000. The target for this year is 100,000 units.

In Southern Africa, the Red Cross is targeting peer education for youth. In Botswana alone, some 480 peer educators have been trained this year to disseminate information regarding protection against HIV/AIDS. Trainings have been undertaken in South Africa, Malawi, Togo, Lesotho and other countries.

In response to the developing food crisis in Southern Africa, where the combination of drought, HIV/AIDS and other factors make the picture catastrophic, the IFRC launched an appeal for $61.6 million to assist a minimum of 1.3 million people. Red Cross assistance is targeted to households made vulnerable by HIV/AIDS, with a focus on children, women and the elderly.

Our efforts in this region were firmly supported by the Norwegian Government, which provided over 200 heavy duty trucks for our joint effort with the World Food Programme to deliver 1 million metric tons of food to 10.2 million people in six countries. Furthermore, the Governments of the Netherlands and Sweden recently made the largest single donation — $14 million — to a Red Cross/Red Crescent Programme, outside of the emergency relief operation, to guarantee long term support for people living with HIV/AIDS. IFRC programmes will be boosted in Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe, where millions of people suffer from the combined effect of the food crisis and the pandemic. Similar programmes are being undertaken in Eastern Europe and Central Asia.

Concerning China, we are proud of what United Nations Secretary-General Kofi Annan said a few weeks ago during his speech at Hangzhou University, where he praised the work of the Chinese Red Cross youth peer education in Yunnan as a successful model of HIV prevention in this huge country.

Skills development trainings have taken place for Red Cross and Red Crescent Societies from the Middle East and North Africa, where concrete programmes are being structured. The Iranian Red Crescent branch in Kermanshah Province conducted programmes which have benefited 6,400 people last year alone.

There are many more examples of the work we do. But being realists, we see how much more is to be done. And we know that acting alone will not solve the problem. In implementing the Declaration of Commitment, and as a contribution to the objective set by the United Nations General Assembly Special Session, the IFRC has launched the global campaign called THE TRUTH ABOUT AIDS: PASS IT ON. We did this jointly with the Global Network of People Living with HIV/AIDS, with the Joint United Nations Programme on AIDS and Saatchi & Saatchi. It is a long term effort to prevent, reduce and ultimately eliminate HIV/AIDS-related stigma and discrimination against those who suffer from the disease wherever it occurs and in all its forms.

As the only representative of civil society in this room today, we value the power of partnerships between neighbouring countries, such as between the Red Cross of Laos and Thailand. They will lead to

crossing geographical and psychological borders and help people who may feel isolated or forgotten.

The corporate sector also joins us. Giants such as Nestle and Unilever are the two that provide over 1 million Swiss francs a year, and OPEC International Fund has just joined in with $4 million for Red Cross and Red Crescent programmes in Asia.

It is also significant to note that just a few days ago, the IFRC Governing Board approved the new HIV/AIDS Policy for the entire Red Cross and Red Crescent Movement. In this document the IFRC paves the way for engagement of our National Red Cross and Red Crescent Societies in a number of areas that were not specifically targeted in our previous work.

We believe that with committed leadership at the top, and motivated volunteers in the field, we can make a difference.

The Acting President: We have heard the last speaker in the debate on Agenda item 42. The Assembly has thus concluded this stage of its consideration of Agenda item 42.

Programme of work

Mr. Mamba (Swaziland), Vice-President, in the Chair.

The Acting President: The General Assembly will consider the reports of the Sixth Committee on the morning of Tuesday, 19 November 2002. The General Assembly will consider the reports of the First Committee on the morning of Friday, 22 November.

The meeting rose at 6:20 p.m.